EXHIBIT W

SUMMIT MEDICAL STAFF
AD HOC INVESTIGATING COMMITTEE
August 30, 2004

CONFIDENTIAL

PRESENT: Drs. Paxton
Ly
Horn
Isenberg (Medical Staff President)
J. Jellin, DMSS

Committee continued their review of materials binder. Reviewed Data Sheets in Section #2. Agreed on need for STS (Society of Thoracic Surgeons) severity adjusted mortality and complication data prior to attempting meaningful comparison of data of Summit experience. This is necessary in order to be able to draw conclusions regarding patient selection/judgment issues.

Noted length of stay (LOS) appears to increase upward from 2000-2004.

Reviewed report submitted by outside reviewer commissioned by the Alta Bates Medical Staff (Section #3). Noted comments regarding patient selection and judgment issues.

Discussed appropriate physicians for interviews by the Committee. Agreed on the following (in priority order):

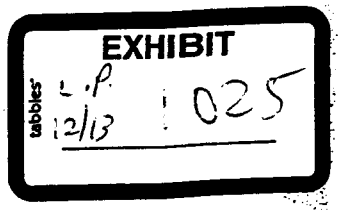
Steven Stanten, M.D.
Russell Stanten, M.D.
Maire Daugharty, M.D.
Leigh Iverson, M.D.
Junaid Khan, M.D.
Hon Lee, M.D.
? Anesthesiologists from Alta Bates Medical Staff

Discussed the possible need for an outside reviewer.

Reviewed peer review chart review forms on the seven mortalities following open heart surgery.

PLAN:

1. Obtain data on cardiovascular group (by surgeon) mortality/complication experience with minimally invasive procedures.
2. Obtain data on cardiovascular group (by surgeon) total time of procedure for minimally invasive procedures.
3. Obtain 2003-04 data re: total time on pump for cardiovascular group (by surgeon) as compared to Dr. Ennix.
4. Obtain 2003-04 data re: blood products usage for all cases of cardiovascular group (by surgeon) as compared to Dr. Ennix.



D 1861

CONFIDENTIAL

5. Obtain severity-adjusted data (via STS) for all cardiovascular surgery (by surgeon).
6. Request attendance of Drs. S. Stanten and R. Stanten for next ad hoc Committee meeting.
7. Next meetings: September 20th & 27th – 7:00a.m.

There being no further business to come before the Committee, the meeting was adjourned at 8:12a.m.

Respectfully submitted,

LD Paxton

Lamont Paxton, M.D.
Chair, Ad Hoc Investigating Committee

Recorded by,

Joanne Jellin, DMSS

EXHIBIT X

CONFIDENTIAL

REDACTED

Dr William Isenberg
Dr. Fred Herskowitz
Dr.Steve Stanten

May 10,2001

I was asked to verify that on Thursday, May 5,2005 that Dr. Coyness Ennix was here in the CPU to examine _a. I called RN Joni Shields that cared for the patient that day on May 5th. She verified that the patient was attended to by Dr. Ennix and that orders were given. Another nurse, Peggy Tavare, working that day verified that Dr Ennix was here in CPU and saw the patient.

Carolyn Wong RN

Carolyn Wong, RN
CPU Patient Care Coordinator

CONFIDENTIAL

REDACTED

906 Lyon Court
Concord, CA 94518
May 10, 2005

Dr. William Isenberg
Dr. Frederick Herskowitz
Dr. Steven Stanten
Alta Bates Summit Medical Center
350 Hawthorn Ave
Oakland, CA 94609

Dear Sirs:

Last Wednesday, May 4, 2005, I admitted a patient named [redacted] to CPU at 14:45 P.M. The coagulation values were abnormal so I had contact with Dr.Ennix over the next few hours.

On Thursday, May 5, 2005, I cared for the same patient who was still intubated with hemodynamic monitoring and on an inotrope. Early in the morning of that day, Dr. Ennix was in CPU before he started his early surgery. He came in the patient's room to assess the patient, look at his hemodynamic monitoring values, his need for the ventilator and discuss the goals for the day. I had time to discuss my concerns and he made clear his orders especially regarding weaning, extubation and use of anticoagulants.

After discussing the patient with me, Dr. Ennix went to the desk to look at the chart. I asked him to please sign the telephone orders from the night before as well as the wrist restraint orders, which he did.

I also talked to him later that morning regarding extubation. The patient was weaning well but did not meet the criteria for extubation as the vital capacity was too low and respiratory rate was too high. Dr. Ennix ordered a longer weaning time and trying the patient on 't-piecing' with repeat mechanics and a second ABG.

He talked to me again after his first patient came out of the OR and ordered that the patient be extubated, which was done uneventfully.

The last time we talked was about Mr. [redacted] was right before his second patient came out of the OR. I told him that the patient did well with the extubation, that he was transferred to ICU 2 and that I was concerned about his doing incentive spirometry.

Sincerely,

Joan M. Shields, R.N.

CONFIDENTIAL

Dr. William Isenberg
Dr. Frederick Herskowitz
Dr. Steven Stanten

May 11, 2005

On May 5th, 2005 I was a staff member caring for a patient in CPU. I remember seeing Dr. C. Ennix in the cardiopulmonary unit during my shift from 0700 until 1530.

Margaret C. Tavare RN.

Margaret C. Tavare,RN

EXHIBIT Y

Dept of Cardiovascular Surgery
Kaiser East Bay Cardiac Services
Summit Medical Center, 2nd Floor
3012 Summit Street
Oakland, CA 94609
(510) 869-8660

CONFIDENTIAL

David Alyono, M.D.
Thomas Gonda, M.D.
Brian S. Cain, M.D.
John L. Jones, M.D.
Dennis Durzinsky, M.D.
Hon S. Lee, M.D.

April 19, 2006

Privileged and Confidential

Lamont Paxton, M.D. Chair,
Ad Hoc Investigating Committee
350 Hawthorne Avenue
Oakland California 94609

Re: Dr. Ennix Proctorship

Dear Doctor Paxton:

Thank you for taking the time in reviewing the proctorship process for Dr. Ennix. I apologize that the HandBase format was not useful, but at the time of transfer, it was meant to be a preliminary report. Please find attached the individual proctorship forms in spreadsheet format for each surgical and nonsurgical case over the last 6 months.

In summary, Dr. Ennix had 8 cases that were nonsurgical consultations. Of the 29 surgical cases please refer to the attached summary spreadsheet.

It was of unanimous opinion that Dr. Ennix met expectations in complying with the standards in the pre-op evaluation. In the peri-op evaluation, there were no departures from the standard of care. In the post-op evaluation, Dr. Ennix exceeded expectations in the care he provided for his patients.

It is with unanimous decision from the group of proctors, that we recommend the proctorship be terminated and that Dr. Ennix be reinstated to the medical staff with full unrestricted privileges.

Thank you very much for the privilege of participating in such an important and necessary part of the medical staff function.

Sincerely,

David Alyono, M.D.

Brian S. Cain, M.D.

Dennis Durzinsky, M.D.

Thomas Gonda, M.D.

John Jones, M.D.

Hon S. Lee, M.D.

KAISER PERMANENTE

Δ π EXHIBIT 6
Deponent Lee
Date 12/3/7 Rptr
WWW.DEPOBOOK.COM

EXHIBIT Z

March 2007

Coronary Artery Bypass Graft Surgery in California:

2003-2004 Hospital & Surgeon Data

California CABG Outcomes Reporting Program

Office of Statewide Health Planning and Development

EXECUTIVE SUMMARY

The *California Report on Coronary Artery Bypass Graft Surgery, 2003-2004, Hospital and Surgeon Data* presents findings from analyses of data collected from California's 121 state-licensed hospitals where 302 surgeons performed adult isolated coronary artery bypass graft (CABG) surgery[1] during 2003 and 2004.

The report uses risk-adjusted operative mortality to evaluate hospital and surgeon performance. Risk adjustment is a statistical technique that allows for fair comparison of healthcare provider operative mortality rates even though some have sicker or healthier patients than average. Operative mortality includes: 1) all deaths during the hospitalization at the hospital where the operation was performed, regardless of length of stay, and 2) deaths occurring anywhere within 30 days after the operation.

This report also provides hospital-level information on internal mammary artery (IMA)[2] usage (a process measure of surgery quality) and examines the relationship between the number of surgeries that hospitals and surgeons perform and their mortality rates. There were 40,377 isolated CABG surgeries reported in 2003-2004, making the California CABG Outcomes Reporting Program (CCORP) the largest public reporting program on CABG surgery outcomes in the United States.

Key findings from this report are:

- The operative mortality rate for isolated CABG surgery in California was 3.08% for 2003-2004 (2.91% for 2003 and 3.29% for 2004). Nationally, the Society of Thoracic Surgeons (STS) reported 2.4%[3] for the same time period. However, STS does not verify hospital reporting of deaths by linking with the state's vital statistics death file as CCORP does.

- The risk-adjusted operative mortality rate for California hospitals ranged from 0% to 7.83%, revealing wide variation in CABG surgery outcomes after adjusting for patients' pre-operative health conditions. However, 111 of 121 hospitals (91.7%) performed within their expected range compared to the state's overall mortality rate.

---

[1] Isolated CABG surgery refers to a CABG surgery without other major heart-related surgery, such as heart or lung transplantation, valve repair, etc., during the same admission. See Appendix A for a detailed clinical definition of isolated CABG.

[2] The internal mammary artery (IMA) is an artery that supplies blood to the front chest wall and the breasts. It is a paired artery, with one running on each side of the body. Evidence shows that the IMA, when grafted to a coronary artery, is less susceptible to obstruction over time and remains fully open longer than vein grafts.

[3] Society of Thoracic Surgeons: *Spring 2005 Report - Adult Cardiac Database Executive Summary*, 24 October 2005.

- Four of the 121 hospitals performed significantly **"Better"** than the state average, and six hospitals performed **"Worse"** than the state average. These hospitals are presented below in alphabetical order:

Hospitals with "Better" Performance Ratings, 2003-2004	
Hospital	**Region**
Fountain Valley Regional Hospital and Medical Center - Euclid	Orange County
Mercy General Hospital	Sacramento Valley and Northern California
Mercy Medical Center - Redding	Sacramento Valley and Northern California
St. John's Regional Medical Center (Oxnard)	San Fernando Valley, Antelope Valley, Ventura and Santa Barbara
Hospitals with "Worse" Performance Ratings, 2003-2004	
Hospital	**Region**
Bakersfield Memorial Hospital	Central California
Beverly Hospital	Greater Los Angeles
Doctors Medical Center - Modesto Campus	Central California
Lakewood Regional Medical Center	Greater Los Angeles
Santa Rosa Memorial Hospital - Montgomery	San Francisco Bay Area and San Jose
UCSF Medical Center	San Francisco Bay Area and San Jose

- Hospital ratings based on 2004 data were also produced to provide an indication of more recent performance. These results are presented in Table 4 of the main document. The 2003 hospital performance ratings were published in February 2006.

- The risk-adjusted operative mortality rate for surgeons overall (i.e., combined across all facilities where they operate) ranged from 0% to 32.96%, revealing wide variation among surgeons in their CABG surgery outcomes after adjusting for patients' pre-operative health conditions. However, 286 of the 302 surgeons (94.7%) performed within the expected range compared to the state's average mortality rate.

- Four surgeons' overall performance was significantly **"Better"** than the state average, and twelve surgeons' overall performance was **"Worse"** than the state average. These surgeons are presented below in alphabetical order:

Surgeons with " Better" Performance Ratings Overall, 2003-2004	
Surgeon	**Region**
Declusin, Richard J.	San Fernando Valley, Antelope Valley, Ventura & Santa Barbara
Giritsky, Alexander	Greater San Diego
Wang, Nan	Inland Empire, Riverside & San Bernardino
Yap, Alexander G.	San Francisco Bay Area & San Jose
Surgeons with "Worse" Performance Ratings Overall, 2003-2004	
Surgeon	**Region**
Aharon, Alon S.	Inland Empire, Riverside & San Bernardino
Edwards, Phyllis A.	Central California
Hoopes, Charles W.	San Francisco Bay Area & San Jose
Housman, Leland B.	Greater San Diego
Kincade, Robert C.	Sacramento Valley & Northern California Region
Marchbanks, Marshall V.	San Francisco Bay Area & San Jose
Nuno, Ismael N.	Greater Los Angeles
Rosenburg, Jeffrey M.	Greater San Diego
Schwartz, Steven M.	San Francisco Bay Area & San Jose
Sweezer, William P.	San Francisco Bay Area & San Jose
Tzeng, Thomas S.	Orange County and Greater Los Angeles
Vunnamadala, Syam P.	Orange County

- Surgeon ratings were also provided separately for each hospital where they operated. These ratings, which take into consideration both surgeon and hospital-specific factors, are presented in Table 5 of the main document.

Other major findings in this report include:

- Hospital rates for Internal Mammary Artery (IMA) usage, a process indicator of heart bypass surgery quality, are presented in this report for the first time. Use of the IMA in CABG surgery is a nationally endorsed measure of quality and very low rates are associated with poorer care. Results show that in 2003-2004, California hospitals had an average IMA usage rate of 89.6%, with a range from 57% to 100%. The IMA rate for 113 hospitals was deemed acceptable (71% or more), but eight hospitals had significantly lower IMA rates, which may be cause for concern. These ratings are presented in Table 6 of the main document.

- Utilization of Percutaneous Coronary Interventions (PCIs), such as angioplasty with stent insertion, in California has increased from 44,297 procedures in 1997 to 59,786 procedures in 2005—an increase of nearly 35%. Meanwhile, the number of isolated CABG surgeries has dropped from 28,175 to 17,166—a decrease of approximately 39% during the same period. A more comprehensive approach to examining the quality of revascularization procedures in California would include review of the outcomes of PCI providers. More information is included in Section VII.

- No significant association was found between the number of CABG surgeries that hospitals perform annually and their risk-adjusted mortality rates. At the surgeon level, no significant association was found between the number of isolated CABG surgeries performed and surgeons' risk-adjusted mortality rates. However, limited evidence suggests that surgeons who perform more than 100 CABG surgeries per year (isolated and non-isolated combined) have modestly lower isolated CABG surgery mortality rates. These results are presented in Section VII.

Table 5: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004

Surgeon	Hospital	All CABG Cases	Isolated CABG Cases	Isolated CABG Deaths	Observed Mortality Rate (%)	Expected Mortality Rate (%)	Risk-Adjusted Mortality Rate (%, RAMR) and 95% CI	Performance Rating*
State		**49,435**	**40,377**	**1,244**	**3.08**			
Ehrman, Walter J.	Desert Regional Medical Center	2	2	0	0.00	0.54	0.00 (0.00, 100.00)	
Ellertson, David G.	Surgeon Overall	36	34	1	2.94	2.12	4.30 (0.11, 23.85)	
	Doctors Medical Center - Modesto Campus	5	5	0	0.00	3.05	0.00 (0.00, 74.46)	
	Memorial Medical Center of Modesto	31	29	1	3.45	1.96	5.45 (0.14, 30.27)	
Ellis, Robert J.	Surgeon Overall	114	90	4	4.44	3.68	3.73 (1.01, 9.52)	
	California Pacific Medical Center - Pacific Campus	4	4	0	0.00	2.44	0.00 (0.00, 100.00)	
	Marin General Hospital	48	40	2	5.00	3.32	4.66 (0.56, 16.78)	
	St. Mary's Medical Center, San Francisco	62	46	2	4.35	4.11	3.27 (0.39, 11.77)	
Ennix, Coyness L.	Surgeon Overall	164	136	6	4.41	2.85	4.78 (1.75, 10.36)	
	Alta Bates Summit Medical Center - Summit Campus	163	135	6	4.44	2.87	4.79 (1.75, 10.38)	
	Doctors Medical Center - San Pablo Campus	1	1	0	0.00	0.69	0.00 (0.00, 100.00)	
Esmailian, Fardad	Surgeon Overall	173	129	5	3.88	2.59	4.62 (1.50, 10.75)	
	Santa Monica - UCLA Medical Center	32	30	1	3.33	2.74	3.76 (0.09, 20.85)	
	UCLA Medical Center	141	99	4	4.04	2.54	4.91 (1.33, 12.52)	
Estioko, Manuel R.	Surgeon Overall	230	199	7	3.52	4.28	2.54 (1.02, 5.22)	
	Good Samaritan Hospital - Los Angeles	225	194	7	3.61	4.34	2.57 (1.03, 5.28)	
	St. John's Hospital and Health Center	2	2	0	0.00	1.48	0.00 (0.00, 100.00)	
	St. Vincent Medical Center	3	3	0	0.00	2.45	0.00 (0.00, 100.00)	
Eugene, John	Surgeon Overall	85	81	1	1.23	2.71	1.41 (0.04, 7.83)	
	Anaheim Memorial Medical Center	8	8	0	0.00	2.50	0.00 (0.00, 56.76)	
	Little Company of Mary Hospital	9	7	0	0.00	6.91	0.00 (0.00, 23.48)	
	Torrance Memorial Medical Center	1	1	0	0.00	0.87	0.00 (0.00, 100.00)	
	West Anaheim Medical Center	2	2	0	0.00	0.76	0.00 (0.00, 100.00)	
	Western Medical Center - Santa Ana	1	1	0	0.00	4.99	0.00 (0.00, 100.00)	

* A surgeon is classified as "Better" if the upper 95% CI of the RAMR falls below the California observed mortality rate (3.08). A surgeon is classified as "Worse" if the lower 95% CI of the RAMR is higher than the California observed mortality rate. A surgeon's performance is considered "Not Different" from the state average (rating is blank) if the California mortality rate falls within the CI of the RAMR.

Table 5: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004

Surgeon	Hospital	All CABG Cases	Isolated CABG Cases	Isolated CABG Deaths	Observed Mortality Rate (%)	Expected Mortality Rate (%)	Risk-Adjusted Mortality Rate (%, RAMR) and 95% CI	Performance Rating*
State		**49,435**	**40,377**	**1,244**	**3.08**			
Hanna, Elias S.	Surgeon Overall	31	18	1	5.56	3.47	4.95 (0.12, 27.45)	
	California Pacific Medical Center - Pacific Campus	7	3	1	33.33	10.42	9.89 (0.25, 54.92)	
	Marin General Hospital	10	8	0	0.00	2.52	0.00 (0.00, 56.29)	
	Salinas Valley Memorial Hospital	5	3	0	0.00	1.04	0.00 (0.00, 100.00)	
	St. Mary's Medical Center, San Francisco	9	4	0	0.00	1.99	0.00 (0.00, 100.00)	
Harmon, Adam L.	Surgeon Overall	230	200	3	1.50	3.13	1.48 (0.30, 4.32)	
	Washington Hospital - Fremont	230	200	3	1.50	3.13	1.48 (0.30, 4.32)	
Hasaniya, Nahidh W.	Surgeon Overall	23	22	0	0.00	2.02	0.00 (0.00, 25.52)	
	Loma Linda University Medical Center	21	20	0	0.00	2.07	0.00 (0.00, 27.43)	
	Riverside Community Hospital	2	2	0	0.00	1.55	0.00 (0.00, 100.00)	
Hemp, James R.	Surgeon Overall	77	55	3	5.45	3.23	5.23 (1.07, 15.22)	
	Mercy Medical Center - Redding	1	1	0	0.00	0.90	0.00 (0.00, 100.00)	
	Scripps Green Hospital	16	14	0	0.00	2.74	0.00 (0.00, 29.61)	
	Scripps Mercy Hospital	60	40	3	7.50	3.45	6.71 (1.38, 19.55)	
Hernandez, Jose G.	Surgeon Overall	154	144	5	3.47	4.17	2.58 (0.83, 5.99)	
	Sharp Chula Vista Medical Center	154	144	5	3.47	4.17	2.58 (0.83, 5.99)	
Hill, Arthur C.	Surgeon Overall	89	80	0	0.00	2.92	0.00 (0.00, 4.87)	
	California Pacific Medical Center - Pacific Campus	3	2	0	0.00	3.43	0.00 (0.00, 100.00)	
	UCSF Medical Center	86	78	0	0.00	2.90	0.00 (0.00, 5.02)	
Hood, James S.	Surgeon Overall	293	229	7	3.06	2.59	3.65 (1.46, 7.50)	
	Kaiser Foundation Hospital (Geary San Francisco)	293	229	7	3.06	2.59	3.65 (1.46, 7.50)	
Hoopes, Charles W.	Surgeon Overall	59	53	9	16.98	6.12	8.58 (3.91, 16.23)	Worse
	UCSF Medical Center	59	53	9	16.98	6.12	8.58 (3.91, 16.23)	Worse
Housman, Leland B.	Surgeon Overall	169	140	9	6.43	2.46	8.05 (3.68, 15.28)	Worse
	Scripps Green Hospital	127	106	6	5.66	2.28	7.66 (2.81, 16.67)	
	Scripps Mercy Hospital	42	34	3	8.82	2.99	9.12 (1.87, 26.55)	

* A surgeon is classified as "Better" if the upper 95% CI of the RAMR falls below the California observed mortality rate (3.08). A surgeon is classified as "Worse" if the lower 95% CI of the RAMR is higher than the California observed mortality rate. A surgeon's performance is considered "Not Different" from the state average (rating is blank) if the California mortality rate falls within the CI of the RAMR.

Table 5: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004

Surgeon	Hospital	All CABG Cases	Isolated CABG Cases	Isolated CABG Deaths	Observed Mortality Rate (%)	Expected Mortality Rate (%)	Risk-Adjusted Mortality Rate (%, RAMR) and 95% CI		Performance Rating*
State		**49,435**	**40,377**	**1,244**	**3.08**				
Ingram, Michael T.	Surgeon Overall	422	304	8	2.63	2.73	2.98	(1.28, 5.85)	
	Sutter Memorial Hospital	422	304	8	2.63	2.73	2.98	(1.28, 5.85)	
Iverson, Leigh I.	Surgeon Overall	134	118	6	5.08	2.77	5.67	(2.07, 12.30)	
	Alta Bates Summit Medical Center - Summit Campus	101	89	5	5.62	2.69	6.45	(2.09, 15.00)	
	Doctors Medical Center - San Pablo Campus	33	29	1	3.45	3.01	3.54	(0.09, 19.65)	
Iyengar, Sridhara K.	Surgeon Overall	100	85	2	2.35	5.66	1.29	(0.16, 4.63)	
	Fountain Valley Regional Hospital	83	70	1	1.43	5.68	0.78	(0.02, 4.31)	
	Saddleback Memorial Medical Center	5	4	0	0.00	4.30	0.00	(0.00, 66.07)	
	Western Medical Center - Santa Ana	1	1	0	0.00	7.94	0.00	(0.00, 100.00)	
	Western Medical Center Hospital - Anaheim	11	10	1	10.00	5.77	5.35	(0.14, 29.72)	
Jacobson, John G.	Surgeon Overall	207	183	9	4.92	3.62	4.20	(1.91, 7.94)	
	St. Helena Hospital	207	183	9	4.92	3.62	4.20	(1.91, 7.94)	
Jain, Sarika	Surgeon Overall	157	145	2	1.38	3.73	1.14	(0.14, 4.12)	
	Pomona Valley Hospital Medical Center	157	145	2	1.38	3.73	1.14	(0.14, 4.12)	
Jamieson, Stuart W.	Surgeon Overall	26	9	0	0.00	1.24	0.00	(0.00, 100.00)	
	UCSD Medical Center - La Jolla	26	9	0	0.00	1.24	0.00	(0.00, 100.00)	
Joyo, Colin I.	Surgeon Overall	202	170	3	1.76	4.12	1.32	(0.27, 3.86)	
	Hoag Memorial Hospital Presbyterian	202	170	3	1.76	4.12	1.32	(0.27, 3.86)	
Kallin, Kristopher	Surgeon Overall	34	25	0	0.00	1.82	0.00	(0.00, 24.94)	
	Mission Hospital Regional Medical Center	2	0	.	.	.	.		Not Applicable
	Saddleback Memorial Medical Center	17	10	0	0.00	2.18	0.00	(0.00, 52.22)	
	St. Joseph Hospital - Orange	15	15	0	0.00	1.59	0.00	(0.00, 47.75)	
Kapelanski, David P.	Surgeon Overall	11	5	0	0.00	1.51	0.00	(0.00, 100.00)	
	UCSD Medical Center - La Jolla	6	1	0	0.00	2.13	0.00	(0.00, 100.00)	
	UCSD Medical Center	5	4	0	0.00	1.35	0.00	(0.00, 100.00)	
Kaplon, Richard J.	Surgeon Overall	529	437	9	2.06	1.89	3.36	(1.53, 6.36)	

* A surgeon is classified as "Better" if the upper 95% CI of the RAMR falls below the California observed mortality rate (3.08). A surgeon is classified as "Worse" if the lower 95% CI of the RAMR is higher than the California observed mortality rate. A surgeon's performance is considered "Not Different" from the state average (rating is blank) if the California mortality rate falls within the CI of the RAMR.

Figure 2: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004 (cont'd)

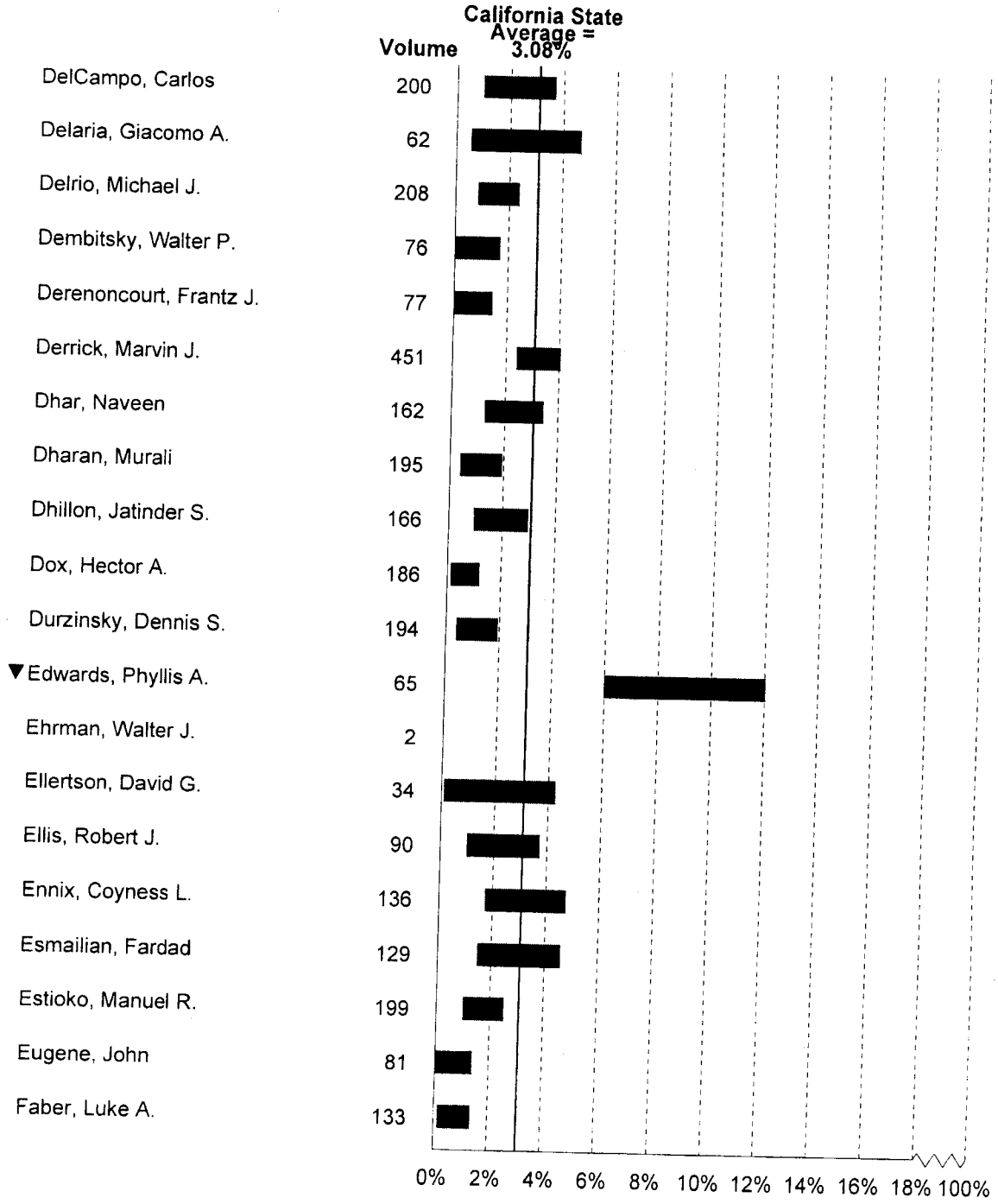


Figure 2: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004 (cont'd)

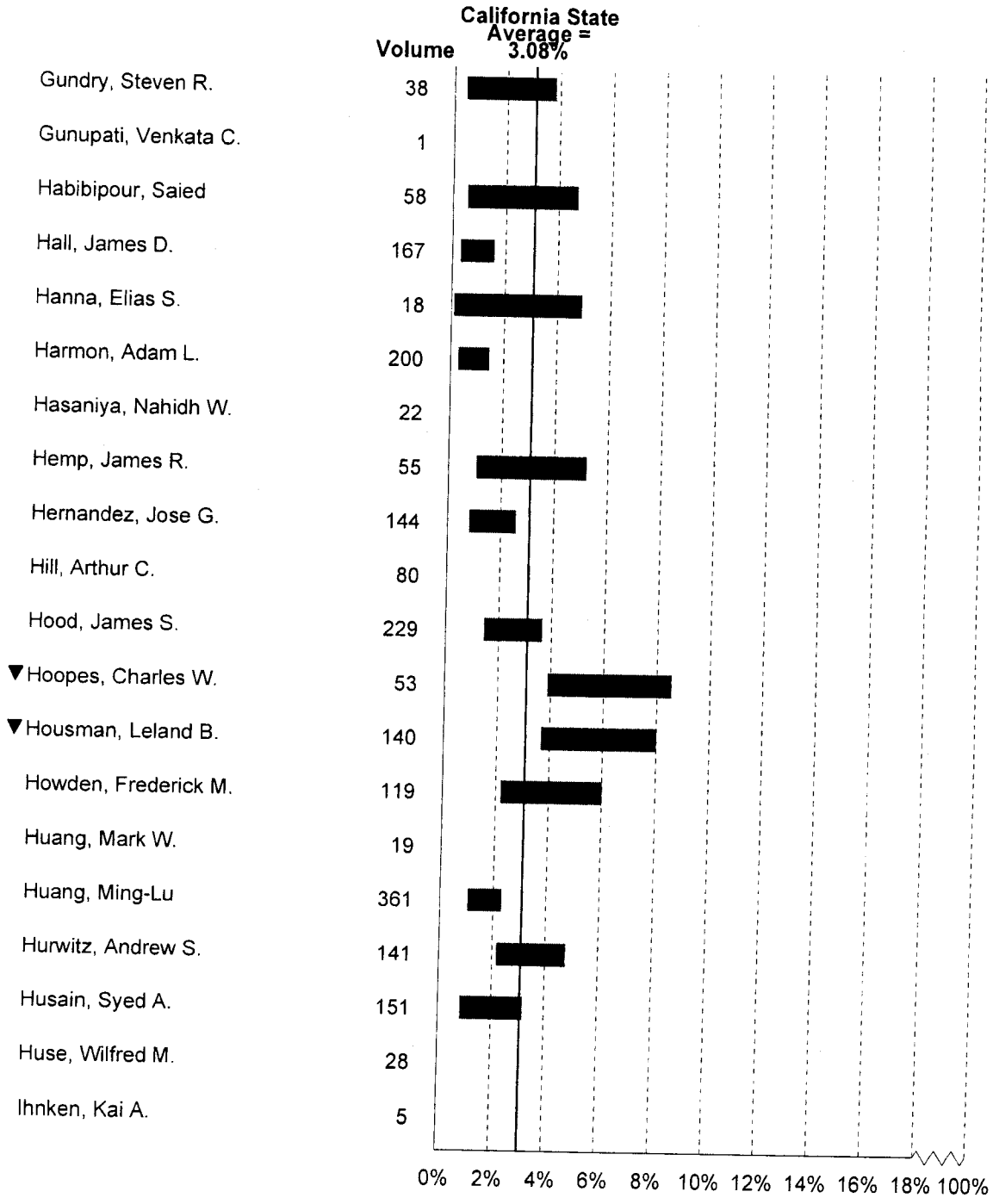


Figure 2: Surgeon Risk-Adjusted Operative Mortality Results, 2003-2004 (cont'd)